

INDIANA COMMISSION ON PROPRIETARY EDUCATION

Board of Commissioners Meeting Memorandum

Date: May 14, 2007

From: Rebecca Carter, Director of Regulatory Compliance

**Subject: TERESA'S SCHOOL OF THERAPEUTIC MASSAGE
NEW DEGREE APPLICATION – ASSOCIATE OF APPLIED SCIENCE**

Staff Recommendation

The commission staff recommends that Teresa's School of Therapeutic Massage be granted the authority to award the Associate of Applied Science degree in the following program:

Professional Massage

Background Information

Teresa's School of Therapeutic Massage has been regulated by the Indiana Commission on Proprietary Education since March 21, 2002. The school was granted Fully Accredited status by the Commission in June 9, 2004.

The associate of science degree consists of 996 clock hours of training; a minimum of 75% of the courses are in the Specialty; and the faculty meets the criteria as stipulated in 570 IAC 1-10.1-4.

Supportive Documentation

1. Degree Application
2. Instructor Qualification Record forms

INDIANA COMMISSION ON
PROPRIETARY EDUCATION

DEGREE APPLICATION
(New or Renewal program)

Use the <tab> key to advance to the next field, or select a field by clicking the cursor.

Name of Institution Teresa's School of Therapeutic Massage

Name of Program Professional Massage

Level of Degree (AAS, AS, AA, BAS, BA, BS, MBA, MAS, MA, MS, Ph.D.) AAS

Name of Person Preparing this Form Teresa Graber

Telephone Number 765-457-0570 **Application Type**

Date the Form was Prepared 4/18/07 ☒ **New** ☐ **Renewal**

I. PROGRAM OBJECTIVES: Describe what the program is designed to achieve and explain how it is structured in order to accomplish the objectives.

TSTM is committed to assisting students to acquire marketable skills for the Medical field to a Home Basis Business. A greater number of people today-more than (52 percent) are viewing their Massage Therapist as a Health Care Practitioner. Our program offers an intense Hands-On Pain Relief philosophy along with the relaxing/restoring effects. Students will be taught busniess practices in order to do billing for Ins. companies. Teresa her self has worked for a large complex for 9 yrs., American Health Network, that houses 16 Doctors and a Specialty Center and Ins. does pay for Massage Therapy. Students are taught to work with Chronic/Acute pain and Muscular Disorders along with working with the elderly and the terminally III. Student are taken to (2) different Nursing Homes to apply there skills on the residents. Students are taken to events such as Mini 500 in Indy, Walkathons, fairs, schools, etc. to get Hands -On practice time along with 80 hrs. of inside clinical hours with clients that desire a Student Massage at a discounted price. The programs focus is to enter the student into real life cases along with appling there business, ethical, and professional aspects of maintaining a practice.

A 26 hr Introduction to Massage Therapy is offered for students to determine there interest in Massage Therapy. A basic Swedish Massage along with an intro to Anatomy, Standards/Ethics, Draping, Body mechanics are all taught so as to only have the interest at heart in the programs offered at TSTM.

II. PROGRAM STRUCTURE: List all courses in the program. Indicate course name, number, and number of credit hours or clock hours for each course.

NAME OF PROGRAM: Professional Massage

TOTAL COURSE HOURS: 996 Check one: Quarter Hours ☐ ☒ Semester Hours

Semester Hours

Clock Hours ☐

LENGTH OF PROGRAM: **2 years** TUITION: **\$9,760.00**

SPECIALTY COURSES:

| <u>Course Number</u> | <u>Course Title</u> | <u>Course Hours</u> |
|----------------------|-------------------------------------|---------------------|
| | Massage Theory/Technique | 148 |
| | Anatomy/Phyiology/Pathology | 180 |
| | Kinesology/PNF Stretching | 84 |
| | Inside Clinicals (student massages) | 80 |
| | Business | 14 |
| | First Aid/CPR | 8 |
| | Reflexology | 200 |
| | CranioSacral Therapy | 12 |
| | NeruoMuscular Therapy | 12 |
| | Hot Stone Massage | 24 |
| | Health/Wellness | 30 |
| | National Certification Review | 12 |
| | Introduction to Massage Therapy | 26 |
| | Acupressure | 46 |
| | Graber Detox Massage | 30 |
| | Deep Tissue Technique | 24 |
| | Geriatrics/Terminallly Ill | 16 |
| | Infant/Prenatal Massage | 12 |

SPECIALTY COURSES:

| <u>Course Number</u> | <u>Course Title</u> | <u>Course Hours</u> |
|--------------------------|-------------------------|-------------------------|
| | Acupuncture | 4 |
| | Standards/Ethics | 24 |
| | Polarity Therapy | 6 |
| | Animal Therapy | 4 |
| | Posture Analysis | 6 |
| | | |
| | | |

GENERAL EDUCATION / LIBERAL ARTS COURSES:

| <u>Course Number</u> | <u>Course Title</u> | <u>Course Hours</u> |
|--------------------------|-------------------------|-------------------------|
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Number of Credit/Clock Hrs. in Specialty: 960 / Percentage: 100%

Number of Credit/Clock Hrs. in General Courses: / Percentage:

If applicable:

Number of Credit/Clock Hrs. in Liberal Arts: / Percentage:

III. LIBRARY: Please provide information pertaining to the library located in your institution.

1. Location of library; Hours of student access; Part-time, full-time librarian/staff:

Library materials are located at the school

2. Number of volumes of professional material:

200 and growing

3. Number of professional periodicals subscribed to:

5

4. Other library facilities in close geographical proximity for student access:

.Kokomo Library downtown within 1 mile

If you have any questions pertaining to the required standards for degree granting approval, please refer to 570 IAC 10.

Doc.: degreappform.doc

IV. FACULTY: Attach completed Instructor's Qualification Record for each instructor.
**** Include** all required documentation pertaining to the qualifications of each instructor.

Total # of Faculty in the Program: 14 **Full-time:** 3 **Part-time:** 11

Fill out form below: (PLEASE LIST NAMES IN **ALPHABETICAL** ORDER.)

| List Faculty Names (Alphabetical Order) | Degree or Diploma Earned | # Years of Working Experience in Specialty | # Years Teaching at Your School | # Years Teaching at Other | Check one: | |
|--------------------------------------------|--------------------------------|-----------------------------------------------------|------------------------------------------|------------------------------------|---------------|---------------|
| | | | | | Full- time | Part- time |
| Diana Addison-Brahn | Diploma | 6 | 6 | | | * |
| Dave Covault | Diploma | 20 | 6 | | | * |
| Sherri Deford | Diploma | 3 | 1 | | | * |
| Jerry Graber | Diploma | 4 | 4 | | | * |
| Teresa Graber | Diploma | 11 | 6 | | * | |
| Christina Hullinger | Diploma | 6 | 6 | | | * |
| Patti Julius | BS | 20 | 6 | | * | |
| Donald Kelley | Diploma | 18 | 0 | | | * |
| Chris Kemp | BA | 20 | 4 | | | * |
| Manisha Peterson | Diploma | 12 | 1 | | | * |
| Debra Roemich | Diploma | 7 | 6 | | | * |
| Dr. Ben Stout | DC | 15 | 6 | | | * |
| Dr. Melissa Stout | DC | 15 | 6 | | | * |
| Carolyn Townsend | MS | 20 | 6 | | * | |
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INSTRUCTOR'S QUALIFICATION RECORD

Please TYPE the form.

INDIANA COMMISSION ON
PROPRIETARY EDUCATION

INSTRUCTOR'S QUALIFICATION RECORD

Please TYPE the form.

NAME: Covault Dave
(Last) (First) (Middle)

NAME OF INSTITUTION: Teresa's School of Therapeutic Massage

200-hour Reflexology

| <u>Source of Training/Education</u> | <u>Location</u> | <u>Area or Subject of Training/Education</u> | <u>Period of Attendance</u> | |
|----------------------------------------------|-----------------------------------|-----------------------------------------------------|------------------------------------|-------------------|
| | | | <u>From:</u> | <u>To:</u> |
| Inter. Nat. Inst. of Reflexology | P.O. Box 12642 St. Petersburg, FL | Reflexology | 1986- | 1989 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| <u>Applicable Experience</u> | <u>Location</u> | <u>Exact Nature of Experience</u> | <u>Employment Period</u> | |
| Alex. Massage School/-multitude of settings- | Alex. In. | Own practice/Teresa's Massage School | 2003- | present |
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INSTRUCTOR'S QUALIFICATION RECORD

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NAME OF INSTITUTION: Teresa's School of Therapeutic Massage

24-hour Hot stone Massage

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INSTRUCTOR'S QUALIFICATION RECORD

Please TYPE the form.

NAME: Graber Jerry
(Last) (First) (Middle)

Names of Courses Taught:

| Source of Training/Education | Location | Area or Subject of Training/Education | Period of Attendance | |
|------------------------------|-----------------------------------|---------------------------------------|----------------------|---------|
| | | | From: | To: |
| Teresa's School of Massage | Kokomo In. | Reflexology | 2003 | 2004 |
| | | | | |
| | | | | |
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| | | | | |
| Applicable Experience | Location | Exact Nature of Experience | Employment Period | |
| | | | From: | To: |
| Teresa's Massage/Spa | 4027 S. Webster St. Kokomo In. | Has own business | 2002 | present |
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INSTRUCTOR'S QUALIFICATION RECORD

Instructions: Include all training/education applicable to current teaching assignments. This form will not be processed unless all supportive documentation required for review has been attached with this form (i.e., transcripts and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

Please TYPE the form.

Use the <tab> key to advance to the next field, or select a field by clicking the cursor.

NAME: Graber Teresa
(Last) (First) (Middle)

NAME OF INSTITUTION: Teresa's School of Therapeutic Massage

Names of Courses Taught:

274-hours Theroy/Bodywork/Standards-Ethics/Assessment-Practice/Deep Tissue-NMT

Therapeutic Swedish/Graber Detox Massage/CranioSacral Therapy/Intro to Massage

| Source of Training/Education | Location | Area or Subject of Training/Education | Period of Attendance | |
|---------------------------------|----------------------------------|---------------------------------------|----------------------|---------|
| | | | From: | To: |
| IUPUI | Indianapolis, In | Massage Therapy | 1996 | 1997 |
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| Applicable Experience | Location | Exact Nature of Experience | Employment Period | |
| | | | From: | To: |
| Teresa's Massage/Spa/School/Dr. | 4027 S. Webster St Kokomo, In | Teresa's Massage/Dr. office | 1997 | present |
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INSTRUCTOR'S QUALIFICATION RECORD

Please TYPE the form.

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INSTRUCTOR'S QUALIFICATION RECORD

Please TYPE the form.

NAME: Julius Patti
(Last) (First) (Middle)

Names of Courses Taught:

8-hours First Aid/CPR/AED

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INSTRUCTOR'S QUALIFICATION RECORD

Please TYPE the form.

NAME: Kelley Don
(Last) (First) (Middle)

Names of Courses Taught:

12-hour NeuroMuscular Therapy

| Source of Training/Education | Location | Area or Subject of Training/Education | Period of Attendance | |
|-------------------------------------|--------------------------------------------------------|----------------------------------------------|-----------------------------|------------|
| | | | From: | To: |
| St. John's Inst for Natural Health | 900-14 th Ave N-St. Peterson FL | NeuroMuscular Therapy | 1987 | 1990 |
| | | | | |
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| | | | | |
| Applicable Experience | Location | Exact Nature of Experience | Employment Period | |
| | | | From: | To: |
| Multitude of settings in the U.S. | home office 990-14 th Ave N, St Peterson FL | NMTCenters | 1990 | present |
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INSTRUCTOR'S QUALIFICATION RECORD

Instructions: Include all training/education applicable to current teaching assignments. This form will not be processed unless all supportive documentation required for review has been attached with this form (i.e., transcripts and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

Please TYPE the form.

Use the <tab> key to advance to the next field, or select a field by clicking the cursor.

NAME: Kemp Chris
(Last) (First) (Middle)

NAME OF INSTITUTION: Teresa's School of Therapeutic Massage**Names of Courses Taught:**

6-hours Business

| Source of Training/Education | Location | Area or Subject of Training/Education | Period of Attendance | |
|------------------------------|------------------|---------------------------------------|----------------------|---------|
| | | | From: | To: |
| Indiana Univ. CPA B.A. | Kokomo In. | Accounting | | |
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| Applicable Experience | Location | Exact Nature of Experience | Employment Period | |
| | | | From: | To: |
| Am. Equity Centers | Indianapolis In. | Has own business | 2004 | present |
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INSTRUCTOR'S QUALIFICATION RECORD

Please TYPE the form.

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INSTRUCTOR'S QUALIFICATION RECORD

Please TYPE the form.

NAME OF INSTITUTION: Teresa's School of Therapeutic Massage

46-hour Jin Shin Do Acupressure

| Source of Training/Education | Location | Area or Subject of Training/Education | Period of Attendance | |
|---------------------------------------|----------------------------------|---------------------------------------|----------------------|---------|
| | | | From: | To: |
| Am. Organization for Bodywork of Asia | P. O. Box 1097 Felton California | Jin Shin Do Acupressure | 1999 | 2000 |
| | | | | |
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| Applicable Experience | Location | Exact Nature of Experience | Employment Period | |
| | | | From: | To: |
| Center for Vital Living | Fort Wayne, In | Has own practice | 2000 | present |
| | | | | |
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INSTRUCTOR'S QUALIFICATION RECORD

Please TYPE the form.

NAME: Stout Benjamin
(Last) (First) (Middle)

Names of Courses Taught:

6-hours Acupuncture

84-hours Kinesiology/PNF Stretching

30-hours Health Wellness

| Source of Training/Education | Location | Area or Subject of Training/Education | Period of Attendance | |
|--------------------------------------------|----------------------------|----------------------------------------------|-----------------------------|------------|
| | | | From: | To: |
| Legan; College/post graduate I.A.M.A. B.S. | Chesterfield, MI. | Chiropractic/Acupuncture | 1990 | 2003 |
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| | | | | |
| Applicable Experience | Location | Exact Nature of Experience | Employment Period | |
| | | | From: | To: |
| Stout Chiropractic | 2706 S. Berkley Kokomo In. | Clinic Practice | 2003 | 2007 |
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INSTRUCTOR'S QUALIFICATION RECORD

Please TYPE the form.

NAME: Stout Melissa
(Last) (First) (Middle)

Names of Courses Taught:

| Source of Training/Education | Location | Area or Subject of Training/Education | Period of Attendance | |
|--------------------------------------------|----------------------------|----------------------------------------------|-----------------------------|------------|
| | | | From: | To: |
| Logan, College/post graduate I.A.M.A. B.S. | Chesterfield, Mi. | Chiropractic/Acupuncture | 1990 | 2003 |
| | | | | |
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| | | | | |
| Applicable Experience | Location | Exact Nature of Experience | Employment Period | |
| | | | From: | To: |
| Stout Chiropractic | 2705 S. Berkley Kokomo In. | Clinic Practice | 2003 | 2007 |
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INSTRUCTOR'S QUALIFICATION RECORD

Please TYPE the form.

NAME: Townsend Carolyn
(Last) (First) (Middle)

NAME OF INSTITUTION: Teresa's School of Therapeutic Massage

180-hours Anatomy/Physiology/Pathology

| Source of Training/Education | Location | Area or Subject of Training/Education | Period of Attendance | |
|--------------------------------------|-------------------|----------------------------------------------|-----------------------------|------------|
| | | | From: | To: |
| IUPUI Indy/ M.S. | Indianapolis, In. | Nursing/R.N. | 1990 | 1996 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Applicable Experience | Location | Exact Nature of Experience | Employment Period | |
| | | | From: | To: |
| Tipton Hospital/Clarian Hos. in Indy | Tipton In.Indy | Tipton Hospital | 1996 | present |
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